Care Quality Commission

Ideal Care Homes Limited

Oak Tree Lodge

Inspection report

Foundry Approach
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Oak Tree Lodge is registered to provide accommodation and personal care for up to 60 people. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw people looked well cared for. Staff spoke in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

Summary of findings

The service was not always following the Mental Capacity Act 2005 for people who lacked capacity to make certain decisions, however since our inspection we have been told this has been resolved.

People were protected from the risk of abuse. For example, one person had been kicked by another person living at the home. The manager showed us their response to this which included a referral to the local safeguarding team.

We looked at the home's medication policy and found it was robust and gave staff good guidance on how to administer people's medication safely and appropriately. Records we looked at were accurate, medication rooms were clean and tidy and temperatures of both the room and the medication fridges were monitored and recorded.

People enjoyed the food on offer at the home. One person told us "The food is lovely. I can have whatever I want." We observed people being given choice and independence in accessing food and drink. People's nutrition and hydration needs were being met. However, staff told us they thought the main meals served at lunch time were repetitive and they thought there should be more variation of meals on the menu.

The home displayed entertainment on offer to people although we saw there were no planned activities being facilitated on the day of our visit. We saw staff were engaging with people in a positive way however, they were busy providing care to people. Staff we spoke with told us they were often told by people they were bored.

Staff we spoke with gave us mixed feedback regarding the leadership and management of the home. They told us they received supervision however, this was often used as a 'telling off' for something they had not done. They did not see supervision as supportive. We were also told staff meetings were not taking place and they felt as though there were limited opportunities for them to have their opinions taken into consideration regarding the running of the service. However, we did see minutes from a staff meeting which had taken place in October 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were adequately protected from abuse and avoidable harm. We saw one person had been involved in an incident of conflict with another person living at the home. The incidents had been reported to the local safeguarding team.

We looked at how staff administered people's medication; we found people received their medication at the appropriate times and in line with how it had been prescribed.

Care was planned and delivered in a way that ensured people's safety and welfare. We saw people living at the home had their needs assessed. Care plans were in place to provide staff with guidance on how to meet people's needs safely.

There was enough staff to meet the needs of the people living at the home.

Is the service effective?

Requires Improvement

The service was not always effective. Where people did not have the capacity to consent, we saw there had been no decision specific assessments of people's mental capacity carried out under the Mental Capacity Act 2005. Since our inspection this has been resolved.

We did not see dementia friendly signage around the home.

People told us they were happy with the care provided at the home and that they thought their care, treatment and support needs were being met. From our observations and from speaking with staff and people who lived at the home we found staff knew people well and were aware of their support needs.

We looked at four people's care records we saw their individual needs had been assessed. For example, we saw each person had a 'health and wellbeing assessment' in place which was completed on a monthly basis by staff. This meant people's up to date care needs were being monitored.

Is the service caring?

Good

The service was caring. Staff who worked at the home was kind and caring in their approach when supporting people. The staff we spoke with told us they felt they provided people who lived at the home with a good quality of life and they had a good staff team. People living at the home appeared relaxed and comfortable.

When we looked around the home we saw people's bedrooms had been personalised and contained personal items such as family photographs.

We saw in people's care records there was not always evidence to show the person had been involved in their care or the review of their care.

Summary of findings

Is the service responsive?

Requires Improvement 

The service was not always responsive to people's needs. It was clear from our interaction with people, discussions with staff and documents we looked at that people wanted to be able to go on outings. This had not been facilitated.

Care plans contained good information about people's needs, preferences and risks to their care. Accidents and incidents at the home had been followed up appropriately to ensure the risk of recurrence was minimised.

People who needed additional support with their healthcare needs from external professionals received their support in a timely manner.

Is the service well-led?

Good 

We spoke with staff who told us they felt the manager of the home was approachable. However, they felt supervision was often used as a 'telling off' about mistakes they had made or tasks they had not completed.

We saw there were comprehensive checks of the home carried out by both the manager and the area manager.

We were told there were no residents or relatives meetings taking place at the home. Although we did see minutes of two recent residents meetings

Oak Tree Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 October 2014.

The inspection team consisted of two adult social care inspectors and an expert-by-experience with experience of services for those living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We had not asked the provider to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority, and we took their views into consideration when conducting our inspection. We also reviewed notifications received from the provider.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with eight people who used the service, four visiting family members, the manager and area manager of the service, seven members of staff and one visiting health professional. We spent time observing how people were cared for, we observed staff interactions with people in the lounges and also the lunch time meal experience in each unit. We looked at four people's care plans and reviewed the provider's records about the service. We looked around the building and saw some people's bedrooms (with their permission), bathrooms and communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We observed there were generally enough staff to meet people's needs and keep them safe. People we spoke with told us they felt there were enough staff available to give them the support they needed and no concerns were raised about the staffing levels. We looked at the staffing levels in place at the home for care of people at night. There was five staff in the building between 10pm and 7am. The staff provided care over three floors to 60 people. We were also told that staff would each take a total of an hours break through their shift which. We spoke with staff on the ground floor and they said that it was very difficult to care for all of the residents and have time to spend on activities or one to ones. We observed the members of worked well together which ensured people received the best possible care they could give in the time available. A person who used the service said, "Staff are really nice, seems to be enough on."

We observed staff throughout the day and saw they appeared busy with tasks which did not involve caring for people. For example, staff prepared and served breakfast to people along with drinks and snacks throughout the day. After meals staff were responsible for washing dishes and ensuring areas of their units were clean and tidy. If people chose to eat their meals or spend their time in their rooms we saw often one staff member was left in the communal lounge to care for people on their own. This meant at times people were at risk of not receiving care due to staff being unavailable to them. People who used the service told us sometimes they had to wait a little while to get assistance when staff were busy. Another person said, "Sometimes there's enough staff, there's lots of staff today that's not always the case." A visiting health professional we spoke with said, "There always seems to be enough staff, I have no trouble find someone to talk to."

People we spoke with told us they felt safe living at the home. One person who used the service told us, "Of course I feel safe, the whole atmosphere makes me feel safe." A relative of a person who used the service said, "Even though staff were very busy, we observed them being constantly aware of where people were and assessing if they required assistance or guidance in order to keep them safe. A member of staff we spoke with told us if they felt people were becoming agitated with each other they would gently steer people away from the conflict to calm matters down.

Staff we spoke with had a good understanding of what constituted abuse and knew the correct action to take if abuse was suspected. Staff told us they reported safeguarding issues to the manager who would respond appropriately to any concerns raised. Staff knew about whistleblowing and who to contact if they felt concerns were not dealt with properly. Staff we spoke with said they had received safeguarding training and also had attended refresher training. We spoke with the manager regarding an incident which had occurred at the home where a person had been assaulted by another person living at the home. The manager showed us records which showed the action they had taken. We saw the issue had been reported to safeguarding and the home had put measures in place to manage the risk of reoccurrence. This meant people were protected from the risk of harm.

We looked at four people's care records and saw where risks had been identified there were risk assessments in place with care plans for staff to follow. For example, one person was identified as being at high risk of falls. We saw there was an up to date assessment in place which identified the person's needs. We also saw there was a care plan in place which gave clear guidance on how to keep the person safe. This meant staff were able to manage the risks appropriately and keep people safe.

We looked at four staff files and found the service had conducted checks to make sure new staff were suitable to work with vulnerable people. We saw examples of references sought from previous employers and also copies of documents to check people's identity, for example, a birth certificate or driving licence. Prior to beginning employment we staff had completed a comprehensive induction programme which included for example, the safeguarding of vulnerable adults, care planning, privacy, dignity and respect and also accident reporting and post-accident observations.

We found medication was safely administered. Each person's medication administration record we looked at had been accurately completed. We saw people's

Good

Is the service safe?

medication was administered at the time and dose it was prescribed. For example we saw Lansoprazole had been administered 30 to 60 minutes before breakfast which was as stated on the pharmacy record.

We saw medication was stored correctly. For example we saw eye drops had been kept refrigerated and dated when opened to ensure they were not administered past the 28 days as directed. We saw records of the daily temperature checks of medication rooms and the medication fridges.

Where a person had 'as required' medication we found there was good guidance for staff to follow. We found the guidance was individual to each person; it gave details of when to administer the medication, for example signs to look out for that may indicate the person would need pain relief. We also saw for each person there was description of what their medication was for and any known side effects.

We looked at the homes medication policy and found it was comprehensive and gave staff a good guide on how to safely administer people's medication.

Requires Improvement

Is the service effective?

Our findings

During our inspection we spoke with the registered manager and the area manager and found they were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs). This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. However, we found the service was not completing decision specific mental capacity assessments for people. For example, we saw two people had not consented to the care they received at the home. We saw there were documents in place which showed both peoples mental capacity had been assessed however, it was not in relation to them being able to give consent. Another example we saw said, 'has not capacity to make informed decisions' but again it did not say what type of decision this referred to. This meant the home was not meeting the requirements of the MCA 2005. We were told by the area manager a new assessment tool was going to be introduced. Since our inspection we have been told and have been sent evidence by the area manager that the new tool had been introduced and people who required a decision specific capacity assessment have been assessed with the new tool

As we walked around the home we did not see evidence of signage and helpful visual cues for people living with dementia. There were no pictorial signs on toilets, bathroom, dining rooms, lounge areas or quiet rooms. We noted in the area managers monthly standards check that 'different formats and signage are made available to any resident identified as requiring these'. It is recommended that dementia friendly signage should be used to enable people living with dementia to move around the service independently.

We found staff had opportunity to discuss their performance and training opportunities, this was either through supervision meetings or annual appraisals. However, staff told us they felt supervision was often used as a 'telling off' about mistakes they had made or tasks they had not completed. Some staff said they had not recently had an appraisal. We looked at four staff files and those we looked at did contain supervision notes and evidence of an appraisal.

Throughout our observations during our inspection and from the records we saw, we concluded staff had the knowledge and skills to carry out their role effectively. We saw there was an ongoing training plan and the information we saw indicated training was readily available to staff and was up to date. Staff had completed several courses some of which included dementia awareness, food hygiene, emergency first aid, conflict resolution and conflict resolution. We spoke with a visiting health professional who said, "The staff here seem experienced and they know people well." And "The carers do a really good job."

We looked at the care records of four people and saw evidence which showed the staff were aware of people's up to date care needs and had plans in place which ensured these were met. For example, we saw a 'nutritional risk assessment' for one person which showed they were a 'medium risk' of weight loss. We saw there was a detailed care plan in place which told staff how to support the person. We also saw a 'kitchen manager resident assessment' document which showed the person had been visited by the kitchen staff and spoken with regarding food they liked and disliked. The risk assessment was reviewed and updated with any changes on a regular, monthly basis. This showed the service had plans in place to ensure the persons up to date care needs were being managed.

Care records we looked showed that appropriate referrals were made to external health professionals. We saw a referral form which the manager monitored, which gave details of who the person had been referred to, the date the referral was sent and what the outcome of the referral was.

We observed the lunch time meal in each of the units and found the food looked appealing, appetising and with various options available. We saw people offered a choice of main meal and also a choice of what they would like to drink. Where people had specific dietary needs we saw these were catered for. For example one person was diabetic and their desert was made especially for them. Where people required assistance to eat their meal staff assisted people whilst maintaining their privacy and dignity. We saw a person required support with eating their meal however; they did not wish to sit at the table to eat. Staff ensured the person was offered finger foods and was supported as they walked around they unit. Staff told us this person did not like to sit with other people at meal times and preferred to have a walk about and 'pick' at bits of their meal as they go. This showed staff knew the person well and ensured they received support at meal times which met their needs.

Requires Improvement

Is the service effective?

Throughout the day, we observed people being asked if they would like a drink or snacks. There were crisps, biscuits and fruit freely available for people to help themselves. We spoke with people who used the service who told us, “I sit in the dining room with the other people and I enjoy it. I enjoy the food here.” “I really like the food here, it is lovely.” “We can have snacks and drinks all day.” “The food is fine, like a home from home.” “There is plenty to eat, I like the food here.” “The food is brilliant, we have two choices and if I don’t like what is on offer, they will give me something else.” A visiting relative said “There is no variety; it is more or less the same every day. There are two choices and my (relative) has to choose one or they wouldn’t get anything to eat.” We spoke with the manager about this comment who said as a result of a recent survey it had been identified that a change of menu was due and that she would be meeting with the chef to discuss this.

Is the service caring?

Our findings

We did not see that everyone who used the service had been involved in the planning of their care. However we did see in some people's care plan did have signed documentation to show they had consented to their care at Oak Tree Lodge and where reviews had taken place some people had been involved.

We received positive feedback from people who used the service. One person told us "I love it here, they are just great. I've got no complaints. They know me very well and how I like things done. The food is lovely and I like a glass of bitter at night before I go to bed, I always have that and they make sure it's there for me." Another person told us "It's very nice and the staff all do their best to make sure we're ok. I've brought my own bits with me so my room is very nice. They have singers in which are good and it gives you something to look forward to. It's a friendly place."

The atmosphere of the home was relaxed and people appeared comfortable. Throughout the day we saw staff offering people warm and cold drinks, snacks and biscuits as well as singing and playing music.

We observed the staff approach with people was very caring and they engaged with people at every opportunity. We observed all the staff speaking to and treating people who used the service in a respectful, compassionate way at all times. All the staff we spoke with seemed to have a real desire to give the best care possible and went about their duties in an efficient, caring manner. Staff knew people well and responded to their needs appropriately. One person who used the service told us "The carers are wonderful to us. It is the best care home in North of England, it is a wonderful place." Other people told us they felt their privacy and dignity were respected and they felt listened to. We observed a member of staff taking one person aside and asking her if she was in any pain and if she required pain relief. During the day, we observed visitors coming and going for most of the day. One visitor we spoke with said, "We are welcome to visit whenever we wish and are made to feel very welcome. My (relative) is visited by family every day."

A relative we spoke said, "I cannot fault the care here, it is like being at home but they are not on their own. This set up is the best we saw." Another person said, "The staff are really good at letting me know if there are any problems, if (relative) needs anything they let me know." Someone else said, **"**My (relative) is still settling in, staff are lovely to her, they are trying everything they can to get her settled in." We saw a person wandering up and down the corridor and staff gently reassured him and encouraged him to go back to the dining room to finish his lunch. Whilst we were talking to a person who used the service in their bedroom, a person in the opposite bedroom started shouting for help, a member of staff went immediately to assist her. Most people we spoke with were very positive about the staff at Oak Tree Lodge, a person who lived at Oak Tree Lodge said, "It is wonderful, they are all my friends." Someone else said, "The staff are really caring." and

"Lovely staff, always cheerful." However, one person said, "Some of the staff are thoughtless young kids. You have to tell them how to do everything."

Throughout our inspection we observed people moving around the home freely, we spoke with staff about how they ensured people retained their independence; they said people were able to choose what they wanted to do. If people needed assistance then they would help them but wherever possible it was important for people to do as much as they could for themselves. For example, they would help people to get in the bath but then leave them to wash themselves as long as it was safe to leave them. People who used the service told us they could choose when to get up, when to go to bed and when they had a shower. One person said "I get up by myself, get washed and dressed. During the night, staff check on me." Another person said, **"**Staff just come in and get me up in the morning. It is my choice to go to bed at around 8pm."

Requires Improvement

Is the service responsive?

Our findings

We were told there was not a designated activity co-ordinator at the home. During our inspection we saw people on one unit were engaged in singing and dancing. Staff had set up a karaoke machine and sang to people. Everyone seemed to enjoy this activity and those not involved enjoyed just watching. A person who used the service told us "I haven't any hobbies but I like gardening and sometimes a small group of us do some gardening here." We saw the home had purchased some chickens and there was a chicken run in the garden, staff told us people loved to watch the chickens out of the window and helped with feeding them.

We saw the activities planner for October and found singers had been booked, there was music for health, a person who was going to play the keyboard, an exercise class and bingo every Friday. Volunteers operated a coffee shop every Tuesday. However, we saw that for half of the month there were no activities planned which included every Saturday. One person who lived at the home told us they had lived in the home since it opened over two years ago and they had never been out on any trips either local or long distance. One member of staff said they had been told by people they were bored at times and wished they could go out. They felt this was something the home could do to improve the quality of life for people. A person who used the service said "We are hoping to get a mini bus, which will be good."

We saw in the minutes of a residents meeting in June 2014 which said that people would like to spend more time outside as they had enjoyed the couple of days they had 'managed to get out the week before'. People had said they would like go out for walks to the park or the shops. It was documented that the manager had said 'this will be arranged and extra staff provided to facilitate the activity.' We did not see evidence this had happened. There was information about the upcoming summer fayre in the minutes and one person had said they would like to have music playing in the garden. The minutes of the August 2014 residents meeting said that people had discussed outings again people had suggested maybe smaller groups could go out in taxis. People had said they would like to go to the park, shopping centres and garden centres. The manager had said taxis would be paid for and staff members would be available to escort people. We did not see evidence this had happened. The manager told us that a group of relatives were going to do some fundraising to enable people to go on more outings. However, we did not see evidence that people had been able to go out in small groups in taxis.

We asked for and received a copy of the home's complaints and compliments log. We saw where people had cause to complain the manager dealt with complaints in line with the home's policy. Where possible the provider took account of complaints and comments to improve the service. However, we were told by a relative of a person who used the service they had complained that it was very noisy with doors banging and the TV on all the time on the residential floor. They said, "Nothing has changed the manager hasn't done anything about it." We advised the manager about this who told us they said they would look into the complaint.

People who used the service told us they would be comfortable talking to staff about anything they were concerned about. A person who used the service told us "I haven't been to a residents meeting recently but I feel they are important." A family member said "We are encouraged to raise concerns as and when required, we feel management listen to us." Another relative said "I have recently asked the manager if we could have a relatives meeting and she said yes, but it hasn't happened yet." Someone else told us they had not attended any meetings as they did not know about them, there were no notices up or communication." We saw in the area managers monthly standards check that action was still required with regard to relatives meetings but that the manager had 'an open door policy'.

We looked at four people's care records. We saw a comprehensive pre admission assessment for each person. People's care plans were up to date and contained evidence to show the home was meeting each person's needs. However, in one of the records we saw the person did not have an end of life care plan in place. Having an end of life care plan in place increases the likelihood that the person who uses the service's wishes are known and respected at the end of their life. In another care record we looked at we saw it was recorded that the person had declined to discuss their wishes regarding end of life care.

We saw in people's care plans details of their medical conditions, there was detailed information about the condition and how it affected the person, this was a good guide for staff. We could see where people had been visited

Requires Improvement

Is the service responsive?

by external health professionals and what they had advised. We were able to follow advice in the person's care plan and we could see staff had followed that advice. Each care plan contained a life history section which helped staff understand the person. There was information about people's weight, a sleep and rest assessment, which included information like, 'hourly checks required on a night' and the person had said, 'I prefer my door locked on a night'.

Is the service well-led?

Our findings

Staff we spoke with told us the thought there was limited opportunity to have their opinions taken into consideration with regard to the running of the service. However, one member of staff said **"**If I had any concerns, I would take it to the senior and if I wasn't satisfied, then to the Manager." Someone else said, "The manager is a good one, she is very caring, and will take you to one side if you are upset and listen to you." and "When we are on training she (the Manager) always gives us time to do it."

Staff gave us mixed feedback regarding staff meetings. One staff member told us there had not been any for months. Two staff members told us they had attended staff meetings regularly. We saw the minutes of the last staff meeting which was held on the 3 October 2014. The meeting covered items such as, documentation, training, weight loss, confidentiality and activities. The meeting had also looked at a 'floor mapping' exercise which had been carried out on accidents over a four month period. This had shown there had been a considerable reduction in falls between June and September.

A relative we spoke with said, "The staff are very nice, and the people in charge are very nice and friendly."

We saw there had been extensive and comprehensive audits of the service; these had been carried out by the home's manager and also the area manager. We saw copies of the most recent catering, medication, infection control, pressure care, weight loss and care plan audits, along with an audit of bed rail usage. We found where any areas for improvement were identified and action plan had been implemented.

We found up to date copies of maintenance logs for the fire equipment, automatic fire detectors, emergency lighting and a fire drill. We also saw checks were made of the water outlets, the ambient building temperature, exit lighting, passenger lifts and water temperatures.

We saw the accident summary which included the monthly falls analysis along with the floor mapping exercise. We were told this was helping the provider to monitor any emerging themes and trends and enabled them to minimise the risk to people who used the service. This assured us that the manager at Oak Tree Lodge had a good understanding of incidents occurring in the home and where necessary lessons learnt would be shared with the staff team. A relative of a person who used the service told us "When my (relative) first came in she did have a few falls. An assessment of her needs has been completed and she is now waiting for an alarm and bed sensor to be delivered."

We found the area manager conducted a monthly visit to the home and carried out to check if various standards were being met. For example, promoting health, wellbeing and independence, improved choice and control, safeguarding adults, ensuring a positive experience, and leadership and management.

We saw copies of recent surveys that had been carried out, most people had responded positively and where there were areas for concern we saw these had been responded to or where possible action had been taken to resolve the issues.